

Application Data Sheet

Application Information

| | |
|--------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | GIMBAL STRUT SHAPE TO INCREASE BUCKLING LOAD |
| Attorney Docket Number:: | S01.12-0996 |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | FIG. 1 |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | No |
| Petition included?:: | No |

Applicant Information

| | |
|--|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Given Name:: | Wayne Allen |
| Family Name:: | Bonin |
| City of Residence:: | North Oaks |
| State or Province of Residence:: | MN |
| Country of Residence:: | US |
| Street of Mailing address:: | 21 Black Oak Rd |
| City of Mailing address:: | North Oaks |
| State of Province of mailing address:: | MN |
| Postal or Zip Code:: | 55127 |

| | |
|----------------------------------|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Given Name:: | Zine-Eddine |
| Family Name:: | Boutaghou |
| City of Residence:: | Vandais Heights |
| State or Province of Residence:: | MN |

Country of Residence:: US
Street of Mailing address:: 4 Shadow Lane
City of Mailing address:: Vandais Heights
State of Province of mailing address:: MN
Postal or Zip Code:: 55127
55127

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Given Name:: Adam Karl
Family Name:: Himes
City of Residence:: Richfield
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing address:: 6929 Washburn Avenue South
City of Mailing address:: Richfield
State of Province of mailing address:: MN
Postal or Zip Code:: 55423

Correspondence Information

Name:: Todd R. Fronek
Street of mailing address:: Westman, Champlin & Kelly
900 Second Avenue South, Suite 1600
City of mailing address:: Minneapolis
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55402-3319
Phone number:: 612/334-3222
Fax number:: 612/334-3212

Representative Information

| | | |
|----------------------------------|-----------|--|
| Representative Customer Number:: | 000027365 | |
|----------------------------------|-----------|--|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | | | MM/DD/YY |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | MM/DD/YY | Yes or No |
| | | | |
| | | | |

Assignee Information

Assignee name:: Seagate Technology LLC
Street of mailing address:: 920 Disc Drive
City of mailing address:: Scotts Valley
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95066